INTERDISCIPLINARY PROGRESS NOTES

TIME	NOTES	SIGNATURE
1400	StD-non bubal, abut. Flat et dull mond	
, and the second	Complaine The medication regiment Rester	1
	P'Will Continue to monta glowlage	, · · · · · · · · · · · · · · · · · · ·
2005		
		iati
	Alert + riented x3 Nesp = ease no \$15 of clistress	
	forced / noted @ present time. Complaint a meds as	/
	Ordered	
	A -Attered level of comport R/- montal status	
	P- WIU continue to monter - m. Robinson	n e
0442	S- "Hood maring"	
	O- alect standing a cell door. Respe	
	lase hait & tealy, Consumed 100/0	
	of weapfast, appears to have slept	
	Well this shift. No t/o voiced.	
	P- Continue POC.	
04.5	Floria you	
0845	StD- Resting in cell bed. Eye	<u></u>
	closed- Resp. C case. No c/o pair	no
	sign of distress roled a thing time	1 0 1 1
•	A - altered level of comfort R/T Mes	ital Stat
/ر ا	will conting to mondor - U. 8	
		A altered levely Comfort (It Mental State P'Will Continue to manife of Contage 2005 S-"Clom alright, muse." 0-Standing@all & smile on spece Affect appropriately the riverted x3 Noop & lase No Sts of cliotress poical / Noted @ present time. Compliant & meets as Ordered A -Attered level of comfort R/7 montal status P Will continue to moratin — M. Robinson 16 S." Food marring." O- alext otending a cell door, Respectively of breekfort, applans to have slept Well this shift, No C/o voical. A - No distess Noted P - continue Po &. Closed-Resp. & case. No C/o pany sign of distess roled a String lin q-altered level of comfort R/T Mee

Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton Randall	226420	19	B/m	KCF
F-61				

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME		NOTES	SIGNAT	TURE
5-03	2230-	5- No Clodes	essexach-		
		D Lying on	Leed with ly	a) Closed-	
		1 1 1 1) with ease	1 adlil	
		at short weter	water in Cell- Th	o distress	
		noted at this	,		
-03	0300	Kesting greatly	y with eyes (lased-	
	0400.	awakened to	VS-B/P-37	-96.7P-55 R- 18	·
			1 - no seizures		
	"		ate well-hosz	. 7	
	0530	A- altered leve	log Comfort R/1/	Vental!	
		Status et ses)		
1613	1725	P- Continue pe	lan of Care.	- In Volon	no
	1133	5-"How are you nu	usi; 4	10 11 -: 11.2	
			love aproper affect.		
		Compliant = made	distress worked noted a	Expresery and	·-····································
		A - Patront O attached for	o ordered V/s assessed By 1.	744 P /3 K18 1 78.0	.
		P- Will continue of	vel of comfort 47 me i monter —	ma places	:
1.02	0400	StD- Penting	3 A a la	' and a	
900	7,00	Clased Acol	with on hed	n Bearland	
		with ease 1	is acute dista	e suggest	
	0430	Quet.		va munera	
	0500	altered lovely C	omsord Eli Mental	status -	
		Latered levely C Lantence pl	en a Care)	MAolon	er a
			8		-
		(Last, First, Middle)		· · · · · · · · · · · · · · · · · · ·	
Datia			AIS#	Age R/S Facili	

AMA DEPARTMENT OF CORRECTION MENTAL HEALTH UNIT (RTU/SU): ASSESSN.ENT

Highest grade completes	. 1	١	_	Eat	icationa	al Asses	_				
Highest grade completed Small Armoo Able to read	NTO	L to Write	∐ Regi •				•	cial eduça	ition		
☐Unable to Read					to Comm			□Able to	o Unders	stand Cur	rent Diagnosis
LIOTABLE W Read	LJUnab	le to Writ	e ,	□Unab	le to con	nmunicat	ie .	□Unabl	e to Und	erstand (Current Diagnosis
10				•	Ment	al Statu	IS				
•	ears Stat	ted Age	•		□Арре	ars Youn	nger		□Appea	ars Older	
Dress/Grooming:	□Appro	opriate	:		□Margi	inal	*	Dishe	•		□Bizarre
Posture:	QUare	markable		ar.	□Rigid			□Stoop	ed	•	
Facial:	□tinre	markable		□Hosti	le		□Worr	ied		□Tearf	ul
Eyes:	□tinre	markable		□Gland	æs Furtiv	/ely	•	□Stares			ul □Sad □Poor Eye Contact
Motor Activity:	□Incre	eased	:				□Gait	Unsteady		□Gaitı	
□Gait			□Agita	tion		□Trem			☐Tics	·	igid
General Attitude/Beh	avior:	⊠ Spont	aneous					□Suspi			□Argumentative
		□Self –	Destruc	tive		drawn					☐Hostile
Mood/Affect:	□Flat		□Depr	essed		□Euph		□Apatti		□Fearf	
□Labil	е	□Blunt		,.	propriate			stricted			ui 11170
Speech/Communication	ion:	□Norm	al		sia			□Rapic	> (0 /	1000	☐Mute
Flight of ideas:	□ Confa	abulation						□Loose		tions	
Thought Content:	□Suici	dal Thoug	jht/Plans		-			Plan			· -
								igion			
☐ Assaultive ideas		ochondria:	S					□Blam			☐Self-Pity
□Helplessness	□Inad				rty of Co				s of Guile		☐ Suspiciousness
Abstract Thinking:	D Únin	npaired	-	□ Conc	"	TICCI IC		Lineas	o or Guile	3	□No deficit identified
Delusions:	□None	B	□Perse			∏9/ct	ematized	i	<u>П</u> с	- !	
Hallucinations:	□None	3	₽ Audit			⊒Visu		1	□Som		□Other
Memory: 🗵 Grossly into	act	□Inabi		oncentrat	to.				□Olfa	•	□Tactile
Insight /Judgment:		□tonim		, nochada		Judgme		Memory		Remote	Memory
				to Treati		Judgme	31 IL	∐Poor	Insight		
Assessment Completed	Bv:	_			Grand	!					
, , , , , , , , , , , , , , , , , , , ,	- <u>. </u>	t,	-/-	1/1/	yrny	-		Date: _		-5-	03
INMATE NAME	, ,		□ADI	ANOITIC	L COMM	ENTS IN	I PROGR	ESS NOTI	ES		
//				>	. 1	AIS#			•	•	
	mpt	ON;	14	avde	lf			2	260	(7)	
1. 1	,				r						

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

AUTHORIZATION FOR RELEASE OF ADOC MENTAL HEALTH INFORMATION

authorize mental health staff of the Alabama Department of Corrections staff to release information from the mental health documentation in my medical record to the following agencies for the purpose
of: ☐ Parole Board Evaluation ☐ Displaying for ADOC Pologogy
☐ Discharge Planning for ADOC Release ☐ Other:
BArberz Hompton - mother
DARON Hampron Brother
334 395-6547 3 GLENN Hampton - Brother
2rez Hampton - Sister
l also authorize mental health staff to discuss my mental health treatment with staff of the above noted agencies.
This authorization will remain valid for 180 days from the date of my signature unless I revoke the authorization in writing.
INMATE SIGNATURE: HANNEY J DATE: \$503
STAFF SIGNATURE: 3/1011 DATE: 9-5/03
To receiving agency: Further disclosure of the provided information without specific written authorization of the inmate or as otherwise permitted by law is legally prohibited.
If clarification is necessary, contact:
Phone Number:
Inmate Name Hampton, Candell 226420
THE PROPERTY OF THE PARTY OF TH

ALDOC Form #444-02

MENTAL HEALTH UNIT RULES

In order to provide a more therapeutic environment, the following rules will be observed by all immates assigned, or on pass to, the Mental Health Unit. You will acknowledge your acceptance of these rules by signing below.

Inmates must be fully compliant with their medications and must participate in all prescribed psychotherapy, counseling, and group therapy. Willful misuse of medications (e.g. throwing it way "cheeking", hoarding, giving it away, etc.) will result in disciplinary action.

2. Inmates must maintain their personal hygiene and grooming in such a manner as to comply with Department of Corrections regulations and health care standards. Showers begin at 6:00 A.M. Cells should be cleaned and beds made at this time. Inmates are expected to clean up their own areas daily. Inmates who fail to do so will be reported to their therapists for counseling on this matter.

3 Cigarettes and/or tobacco products are not allowed on the Mental Health Unit. Disciplinary action will be taken for each violation.

4. Store order is limited to \$15.00 per week. One bag of coffee twice a month is allowed.

5. Inmates are to be properly attired (institutional pants and shirts or undershirt) during the hours of 7:00A.M. to 5:00P.M. unless engaged in hygiene or grooming activities. No bare chests. bare feet, or undershorts will be exposed during these hours.

6. Inmates are not to steal or fight, nor to gamble, barter, or trade personal or store items.

7. Inmates will not engage in any homosexual activities, or in masturbation/fondling of the genitals in the view of others.

8. The television is provided for the use of everyone. Disputes over channel selection are to be taken to the officer on duty, who will, in turn, conduct a vote.

 Immates will respect the rights and feelings of each other, as well as those of the staff (security, nursing, mental health). Name-calling, teasing, verbal threats; cursing, and sexual immendoes will not be tolerated.

10. The formation of cliques is discouraged. Inmates are not to engage in group discriminatory practices.

11. Inmates who violate these rules will be subject to confinement to their cells, removal from the unit, and /or disciplinary action.

AIS NUMBER

DATE

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
715/02	Ber	It will to be pored I had to read the	
	•	Mental Health rules to the Pt. become	
 		he said of can Rend a little . Ptgorz	
		Mother 1915ter, 2 brothers to Be por	
		on his Authuranus for allerty	
		ADUC Mental Health Angumina	
		Don Bamel M53E	
15/03	14:05	StO: Inmate taken to west word earlier.	
		this sheft 20 service activity anno	P
		here from Bullock late yesterday & & cur	ent
		MAR. Last order noted in jacket for Ten APB was written 01/03, and inmate	etal
		had not nec'd meds sence yesterder Am.	
 		Py renewed & 1/m Rent back to 1PSd.	
		awake + alext. 1 amb. in cent + cellad	1
		& fewher SZ activity noted thes shift	
		A: Pot all in comfort the mental states & SZ &	f. 0
		P: Cont. P.O.C	Hen
			· · · · · · · · · · · · · · · · · · ·

Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hamstort Sarlall	D26426	19	B/m	Ker
7-61				

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
Ser04/63	1435	540: ambalated z Officers to MALL 1940	
		B/M fairly groomed C/O "I hear voices -	
 		Leeling me to hurt myseef they keep	
		coming to me. I bamped my heard on the	
		Wall so the Vaices can Stop that's how	
		closet the Stitches in the back of my	·
****		head. No Bleeding noted Clo Some pain	
		Still presest at times. Referred to Dr-	
		Styphand See evaluation. Resp@ 18 p-87	
		B/p/82, TSkin W/D: Wot 150,0 Cls. See MAR	
		for Medo ordered. Cooperative @ present time	•
		D' alfered 40/e RT Mental Status	
9/1/0	1830	P: Placed in MHU cell #5 Regular Observation	
9/4/03	1000	S-"dam feeling a little fermy d have some semme made that clam to take."	
		0-Standing @ cell door. Appropriate affect Alert	
		runted x 3 Nespo ease No 3/5 of clistress noted @	·
- This could		present time.	
		A - Altered level of comfort R/ - mental status	
11		P-Will continue to monitor - m. Robinson, we	$\overline{\mathcal{V}}$
9/5/03	0200	5+0- pated resting on bunk quiette	
/ /		May of Visible distress, lys close	
		Conered a Blanket NAD NOTEd-	
	1420	Sitting for bunk Eating from Bready and tra	4
		Spent Quet + restole Nort	
 		(Cont)	
Patie	ent';s Name,	(Last, First, Middle) Als# Age R/S	Facility
F-61	Han	pton, Randall 226420 19 Bla	Ker

F-61

Prin BCC.

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION FORM Page 1 of 2

Referred by:
Admission to Institution Mental Health Staff Medical Staff Other Lungs from BCF
Reason for Referral (Presenting Problem):
I Poll and tayfor Harkin Selective Medical Facility, arrive here on a transfer from BCCF. He was in Psychiatric History (inpatient/dates of treatment/medications prescribed): no districts.
Psychiatric History (inpatient/outpatient/dates of treatment/medications prescribed): no districts
Corrections Oficer, Nurting, and the MSE by this
of summary in his jacket thated of 0902 to see cop Chartrewiew is in only absent the transfer note auticle to
Substance Abuse History:
Substance Above With
Marshana, and numerous spirols of illicit
Pertinent Personal/Family History (inmate's sentence):
Serving for Robbery, I lister at the higher of Elmone, Al is
Institutional Adjustment (current placement):
and behavioural challens - griad of disciplinary
Inmate Name Humston, Randall 226420
v .

ALDOC Form 455-01

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION FORM

Page 2 of 2
Mental Status Examination: Appearance and Behavior: 19, 40 Blm, W/D, in no distress
ality oriento to only the month time
Mood and Affect: Fo place, place, place, out hi situation
Speech and Language: Uningrained (though reflecting some borderen
Thought Process: Intollectual functioning .
Thought Content and Perceptions: July Airected; no loase association
no refer of recent anditor or your ne
Cognitive Assessment/Memory: Cinching I. no SI or unfly- no H/100
Insight/Judgement: as sales - Marfinal Jocial fridgement
Sleep/Appetite: Type youngte - Conduct Albordes, Aggres
Suicide/Violence Risk Assessment:
Past Suicidal Ideation/Attempts (dates and methods):
(+) "but I forgot what I did"
Current Suicidal Ideation and Behavior:
Past Violent/Assaultive Behavior:
Current Violent/Assaultive Ideas/Behavior:
Diagnostic Impression Axis I(a) 303.90 alcohol Agendence b) 3048 lolicaleting tes 6 8298 Europe Avenos:
Axis II: autisocial densonality isorder 301.7 1 Boolothi 1) R/OV.65.2 Walingrus
Axis III: Seizur Int. Femilioning
Axis IV: Induceration
Axis V: GAF Jo St Curren
Treatment Recommendations (including medications/labs ordered/special housing)
O deservation of one one behavioural activity
Conselling leng nother
(3) activities by activities reducion
Mental Health Code: SMI HARM HIST NONE Psychiatric Follow-Up Required Within: Days
Days
Davehiet it C
Psychiatrist Signature Date 090463
Inmate Name Hampton, Landall 226420
ALDOC Form 455-01

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES ABNORMAL INVOLUNTARY MOVEMENT SCALE (MODIFIED)

CODE

INVOLUNTARY MOVEMENT RATING Rate highest severity observed. Rate movements That occur upon activation one less than those Observed spontaneously.

Harryton, Kandall

0 - Normal, no involuntary movement
1 - Minimal, fleetingly present
2 - Mild, occurs more than four times
3 - Moderate, persistent
4 - Severe, very pronounced and continuous

	· · · · · · · · · · · · · · · · · · ·
	MUSCLES OF FACIAL EXPRESSION: movements of forehead, eyebrows, periorbital area, cheeks; includes frowning, blinking, smiling, grimacing
EACTAL AND	LIPS AND PERIORAL AREA: puckering, pouting, smacking
FACIAL AND ORAL MOVEMENTS	JAW: biting, clenching, chewing, mouth opening, lateral movement 1 2 3 4
MO VEMENTS	TONGUE: rate only increase in movement both in and out of mouth NOT inability to sustain movement
EXTREMITY MOVEMENTS	UPPER (arms, wrists, hands, fingers): include choreic movements (rapid, objectively purposeless, irregular, spontaneous), athetoid movements (slow, irregular, complex, serpentine). DO NOT INCLUDE tremors (repetitive, regular, rhythmic)
MOVEMENTS	LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot
TRUNK MOVEMENTS	NECK, SHOULDER, HIPS: rocking, twisting, squirming, pelvic gyrations.
	SEVERITY OF ABNORMAL MOVEMENTS 0 1 2 3 4
1	INCAPACITATION DITE TO ADMODIANT MONTE CONTRA
CI OPAI	INCAPACITATION DUE TO ABNORMAL MOVEMENTS
GLOBAL JUDGEMENTS	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: rate only patient's report 0 - No awareness 1 - Aware, no distress 2 - Aware, mild distress
	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: rate only patient's report 0 - No awareness 1 - Aware, no distress 4 - Aware, severe distress
JUDGEMENTS	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: rate only patient's report 0 - No awareness 1 - Aware, no distress 4 - Aware, severe distress
	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: rate only patient's report 0 - No awareness 3 - Aware, moderate distress 1 - Aware, no distress 4 - Aware, severe distress 2 - Aware, mild distress
JUDGEMENTS	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: rate only patient's report 0 - No awareness 3 - Aware, moderate distress 1 - Aware, no distress 4 - Aware, severe distress 2 - Aware, mild distress CURRENT PROBLEMS WITH TEETH AND/OR DENTURES
JUDGEMENTS	PATIENTS AWARENESS OF ABNORMAL MOVEMENTS: rate only patient's report 0 - No awareness 3 - Aware, moderate distress 1 - Aware, no distress 4 - Aware, severe distress 2 - Aware, mild distress CURRENT PROBLEMS WITH TEETH AND/OR DENTURES

8 of 12

DOC Form #456-02

BIM

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH INTERPRETATION

PAGE 1
Institution: Rullock DRTH ASH Date/Time of Admission: all land
DOB:
Vital Signs
BP 12 P 47 R M HT C-(1/11 WT tw Allergies:
Past Medical History R /8 HT 5 1 /1 WT tw Allergies: NEA Temp 98-
U Diabetes U Heart Disease Kidney Disease Ulymortonian D.C.
Seizures COPD Back Problems Filtiper Disease Control
☐ Peptic Ulcer D/O ☐ Congenital D/O ☐ Peripheral Vascular Disease ☐ Other
Assistive Devices
Grant Wheelchair Artificial Limb (s)
☐ Glasses ☐ Hearing Aid ☐ Partial Dentures ☐ Upper Dentures ☐ Lower Dentures ☐ Control of the c
Major Illnesses/ Accidents / Surgeries / etc.
Teacher Beat My head Brick wall 1995 causing my Seizure
Current Medical Problems:
Seizure Closed head InBuries (Stitchen Br
Current Medical Medications / Dosages: Te gre for 400/mg Plends. 60 mg (4-Am)
Tegreta 400/mg plerob. (60 mg (4-Am)
BIO 3
Sleep Pattern: Insomnia Difficulty Falling Asleep Difficulty Waking Up Other: Tobacco/Amount:
Hygiene: Coad Ar.
Appetite: Good Fair Poor Showers D times a week Appetite: Good Fair Poor Appears Adequately Nourished Deficit
History of Follows to Bat Ax
History of Failure to Eat / Hunger Strikes: XNo 🗆 Yes Last Episode (explain)
DOWN COMMUNICATION COMMUNICATI
Symptoms of First Psychiatric Event / Age of Onset:
Carlo
When so was ville of man had a los
Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance: 2001 - Dotton, B' ham Tusea loose
The potential nom tused toose
Side-Effects Experienced (Conserved Volumestice) Additional Conserved (Conserved Volumestice) Additional Conser
Side-Effects Experienced / Causative Medications: NK
TY:
History of Aggression / Acting Out Behavior: Yes
Voices Tell to kill myself-flush my head down the Stool & Bulla 200k ago & Burng my herd and el Still have statches on mid Back of
2 we ago & Burng my herd and El Still have stitenes on how
ALDOC Form 472-04 (Page 1 of 2)
a 1 Dean il in a Shoot out
Bad Deam (18 of 39
mas Killing up Tolks
1 at cet mo. I plede the Blood 7 Jesus a lil
Bad Deam il in a Shoot out 18 of 39 Was Killing up folks". AR 472-October 5, 2001 some out of get me. I plede the Blood 7 Je sus and that help.

Case 2:06-cy-00400-MHT-CSC Document 32-15 Filed 11/20/2006 Page 12 of 29 ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH UNIT OF THIS IN PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF T MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT PAGE 2

2002 Ha Educational Assessment	
Highest Grade Completed: Regular Classes	
□ Able to Understand Current Diagnosis □ Able to Read □ Able to Write □ A	ble to Communicate
Unable to Understand Current Diagnosis □ Unable to Read □ Unable to Write □ U Mental Status	nable to Communicate
Drace/Crooming	□ Appears Older
Postures C Property C Printed C Prin	□ Bizarre
B c monantable U Rigid U Stooped	
2 2 2 World 1 rearrain	3 Sad
Eyes: Unremarkable Glances Furtively Stares Poor Eye	
Motor Activity: Increased Decreased Gait Unsteady Gait Rigid	☐ Gait Slow
☐ Agitation ☐ Tremors ☐ Tics	
General Attitude/Behavior: Spontaneous Preoccupied Suspicious A	rgumentative
☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐	☐ Seductive ☐ Hostile
Mood / Affect: ☐ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ F	earful □ Labile
☐ Blunt ☐ Inappropriate ☐ Constricted	
Speech / Communication: Normal Aphasia Slurred Rapid	☐ Mute
□ Flight of Ideas □ Confabulation □ Muttering □ Tangential □ Loose Associ	
Thought Content: Suicidal Thoughts/Plans Homicidal Thoughts/Plan	Antisocial Attitudes
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Biz	arre
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Alienation ☐ Blames	
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ Obsess	ive No Deficit Identified
Abstract Thinking: Unimpaired Concrete	The Botton Monthle
Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other	
Hallucinations: ☐ None ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tag	tile
Memory: Grossly Intact I Inability to Concentrate Poor Recent Memory	
Insight / Judgment: Unimpaired Poor Judgment Poor Insight	y 1 1 001 Remote Memory
☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treating	
Accessment Completed has	
ADDITIONAL COMMENTS IN ADMISSION PROG	Date:
	NEOD NUIED
Inmate Name	AIS#
	ALDOC Rom 472.04 (P

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION FORM Page 1 of 2

Referred by:
Admission to Institution Mental Health Staff Medical Staff Other Corp.
Reason for Referral (Presenting Problem):
Today from Spulley Correctional facility to KEF; Tulentue y Subilitation Unit.
r sychiatric fusiory (inpatient/outpatient/dates of treatment/medications prescribed):
Immate has an her of prior psiphiatric tep bothe in Taylor Hardin, and in trivate since 197, aside from what came he got also from a Community mental Health Center. Moneover, he is
Seiznis 20 Head Infirm in 95 - His his docu
Pertinent Medical History (allergies): Teles, Mearing Workers a Makey
SIP Head Justin in 95 - Stiffelies fresh out of the land through the seize of stiffelies fresh out to for dehely lace a tion
Substance Abuse History:
Heavipeana Alcohol, and This
Pertinent Personal/Family History (inmate's sentence):
Serving Time Jos trobbers
Institutional Adjustment (current placement):
mafinal to poor
Inmate Name Hampton, Rondall AIS# 226420
V

ALDOC Form 455-01

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION FORM

Page 2 of 2
Mental Status Examination: Appearance and Behavior: Looking slender of "1" we real hungry" Sleepe and dognif of our on, oriented to year "2003,
Mood and Affect: "Killey over fight & officer this dude sold
Speech and Language: Thirty strongs - " - Offect any
Thought Process: goal-directed
Thought Content and Perceptions: "I've hot heard voice, in a long time
Cognitive Assessment/Memory:
Insight/Judgement: difficult to ascertain e lack
Sleep/Appetite: Afropeatieness 2° to doying and being "real lingry, man!"
Suicide/Violence Risk Assessment: Past Suicidal Ideation/Attempts (dates and methods):
. If "but I forgot what I did", Days hundle.
Current Suicidal Ideation and Behavior:
Past Violent/Assaultive Behavior; umate denis: "I wasn't Socicidal."
Past Violent/Assaultive Behavior: unafte denis "I wasn't Schicidal.".
Current Violent/Assaultive Ideas/Behavior: "I het the dude who sold
Current Violent/Assaultive Ideas/Behavior: muy shoes! he admini
Diagnostic Impression of Desendence B30480 Colored Desendence D298 Cyclo Schools Asia I: (1) 303 90 Week to Desendence B30480 Colored South Disorder
Axis II: 11301. 7 Gensona City Disorles, NOS (in partie)
Axis III: Seignes S/Alleghead Injung Brice 95 (1) RED 2003
Axis IV: meanceration Schreefeet
Axis V: GAF 30 awend overly
Treatment Recommendations (including medications/labs ordered/special housing)
I Inmate is denyme suicidal ideation or intent; as also he denies at hablukinations will await diagnostic clarifications
I Suicide watch for fruther diagnostic observation as well
3) Suport me conselling, and no psychiatric drugs on
Mental Health Code: SMI HARM HIST NONE Standing orders ye Psychiatric Follow-Up Required Within: Days
lesta Rico nos
Psychiatrist Signature Date W. 012303
Immete Name 4/ 20 0 20
Hampton, Kandall 226420
ALDOC Form 455-01

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT PAGE 1

	Institution: Lilby Date/Time of Admission: 180102 Su										
	Inmate Name: 1. () AR 03 PUMP										
	tampton, Randall 10/15/83										
8	Vital Signs										
•	BP 123/72 P 98 R 20 HT 5'9" WT 146 Allergies: NKDA										
	Past Medical History										
	☐ Diabetes ☐ Heart Disease ☐ Kidney Disease ☐ Hypertension ☐ Cancer ☐ TB										
	U Scriutes - U COPD Back Problems - Eliver Disease - Ostroke										
-	□ Peptic Olcer D/O □ Congenital D/O □ Peripheral Vascular Disease □ Other										
	Assistive Devices										
	Classic Wheelchair Artificial Limb (s)										
	☐ Glasses ☐ Hearing Aid ☐ Partial Dentures ☐ Upper Dentures ☐ Lower Dentures ☐ Cover Dentures										
	Major Illnesses/ Accidents / Surgeries / etc. See Body Chart 1/20/02										
	Head injury in 1995										
	Current Medical Problems:										
	Current Medical M. H.										
	Current Medical Medications / Dosages:										
	Ser Marc										
	Compliance: \$\(\square\) \(\										
	Sleep Pattern: Insomnia Difficulty Folling Adv Filter										
	Tobacco/Amount: 12 201/00 Caffeine/Amount: 12 201/00										
,	Catterner Amount: Orthwas culor alia: Ih										
	Showers 7 times a week										
	Appende: A Good Fair Poor Appears Adequately Nourished Deficit										
	History of Failure to Eat / Hunger Strikes: Y No ☐ Yes Last Episode (explain)										
	A 1 of Past Phisode (explain)										
	DCVCIII A TIDIC III COMO										
	Symptoms of First Psychiatric Event / Age of Onset: 1(\(\sqrt{S} \)										
	deprension										
Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:											
	Taylor Wooden										
	Side-Effects Experienced / Causative Medications:										
	N/4										
	History of Aggression / Acting Out Behavior:										
	——————————————————————————————————————										
	Last Episode (explain):										

ALDOC Form 472-04 (Page 1 of 2)

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT PAGE 2

Educational Assessment										
Highest Grade Completed: \(\) \(\overline{R}\) Regular Classes \(\partial\) Special Education										
Able to Understand Current Diagnosis Able to Read Able to Write TAble to Communicate										
☐ Unable to Understand Current Diagnosis ☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate										
Mental Status										
Age: 19 Appears Stated Age - Appears Younger										
Dress/Grooming: ☐ Marginal ☐ Disheveled ☐ Bizarre										
Posture: Unremarkable										
Facial: ☐ Unremarkable ☐ Hostile ☐ Worried ☐ Tearful ☐ Sad										
Eyes:										
Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow										
☐ Agitation ☐ Tremors ☐ Tics										
General Attitude/Behavior: Spontaneous Preoccupied Suspicious Argumentative										
☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile										
Mood / Affect: ☐ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile										
☐ Blunt ☐ Inappropriate ☐ Constricted										
Speech / Communication: Normal										
☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive										
Thought Content: Suicidal Thoughts/Plans Homicidal Thoughts/Plan Antisocial Attitudes										
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity										
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Alienation ☐ Blames Others ☐ Suspiciousness										
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ Obsessive ☐ No Deficit Identified										
Abstract Thinking: Unimpaired Concrete										
Delusions: ∮□ None □ Persecution □ Systematized □ Somatic □ Other										
Hallucinations: Some Auditory Visual Olfactory Tactile										
Memory: ☐ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory										
Insight / Judgment: 🚜 Unimpaired 🗆 Poor Judgment 🗆 Poor Insight										
☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment										
Assessment Completed by: Space LPN Date: 1/22/63										
☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES										
Inmate Name Hampton, Randall AIS# 226420										

ALDOC Form 472-04 (Page 2 of 2)

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET INMATE NAME: VIOLATION OR REASON: #

DATE & TIME RECEIVED **DATE & TIME RELEASED**

PERTINENT INFORMATION: 6 entertionally Materia A south security Health Hora

	 	· · · · ·				A COUNTY OF	my con	and y	er riespecy zacinicaj,	HAMINA SE JULI
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105	EVE		<u> </u>	N	IV	$\square N$	AL	\mathcal{N}	RECEIVENCE	S. Calhouns (b)
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12/	MORN	Ups			nu	no.	Landens	no	Recid. meds	Mits patrice co
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THUR				1		,,,,	Mg w	100	Tacy Mer	p. juniar col
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3011							1	l		

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R) Exercise: Enter actual time period and Inside or Outside Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature,

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

(INSTITUTION)

						SHE	

	11 CAI ANILLAX	100
INMATE NAME: / JANCALL HAMOT	AIS NO SMOOTH SO	CELL ()
VIOLATION OR REASON: RV#35/DV	ADMITTANCE AUTH BY	FYM THE CHANE
DATE & TIME RECEIVED 3-13-06@ 3	28 OM DATE & TIME RELEASED	- 11 MCGANNY
PERTINENT INFORMATION: RV# 35 Fight	ing rilliant sultanal Ini	

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Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)
Exercise: Enter actual time period and Inside or Outside
Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

Case 2:06-cv-00400-MHT-CSC Document 32-15 Filed 11/20/2006 Page 19 of 29 County Correctional:

SEGREGATION UNIT RECORD SHEET

INMATOLA OR RI DATE RECE PERTI	TE NAME ATION EASON:_ & TIME EIVED: INENT RMATION	#66 12	Bc 2 /n : 16:	and Henth	all ienally a	Hampto Creating a San 4:40pm	n Seky Securiky	Health Harard.	AIS NO: <u>226</u> 4 ADMITTANCE AUTHORIZED BY: 2 DATE & TIME RELEASED:	20_CELL: V
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MORN DAY EVE MORN / DAY Ryused 2005 EVE

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

MORN DAY EVE



Attachment E, IMPP 10-127 Effective 3-22-91

DEPARTMENT OF CORRECTIONS

REFUSAL TO SUBMIT TO TREATMENT

Date: _	November 22, 2005	Time:	0900	<u>A.M.</u> P.M.
I have	been advised by Medical Staff C Holder Field R	N	· · · · · · · · · · · · · · · · · · ·	
that it is	necessary for me to undergo the following treatment:			
	Hepatitis B Vaccine			
	(Describe Operation Or Treatment	t)		
The effe	ct and nature of this treatment have been explained to me.			
Althou	igh my failure to follow the advice I have received may serio	usly imperil n	ny life or health,	l
neverthe	eless refuse to submit to the recommended treatment. I ass	ume the risks	and consequer	nces
involved	and release the above named Medical Personnel, the		Co Correct	tional
and its a	agents and employees from any liability.		•	
Inmate:	+ Candell Hampton	Date:	11/22/200	<u>)5</u>
Witness	s: O. Droom Ru s: Si Naberts NN	Date:	11/22/200	<u>)5</u>
Witness	s: Alabertz RN	Date:	11/22/0	5

DOC # 010-127-004

inmate name (Last, First, MIDDLE)	226420	DOB	R/S	FAC.
Hampton, Randell		10-15-83	B/m	Bullode



DEPARTMENT OF CORRECTIONS

SHORT STAY RECORD 23

(To be used in case in	firmed 23 hrs or l	ess)		
Temp <u>18 9</u> Pulse <u>70</u> Resp <u>20</u>				
Admission Date: $\frac{9/6}{2005}$				
History Of Present Illness:				
pt go "just snaking all over" Not Physical Examination:	red tremors			
Physical Examination:				
General Appearance LUNL	H-E-E-N & T	IVL.		
			· · · · · · · · · · · · · · · · · · ·	
Heart WNL	Lungs WNL			
Abdomen WNL	Bones, Joints, Extre	emities <u>(W</u> A	JL	
Neurological 11-0×3 Dag senterto Neuro	CURL MIL			
Neurological H-Ux3 Dag service of Vewter	Skin <u>WNF</u>	`	· · · · · · · · · · · · · · · · · · ·	
Laboratory & X-Ray:				
Condition On Discharge: alat, vicinted, bell	- + + C . C .	OLLL'	1.0. 1140	11 000 = / 1
Condition on Discharge. What, bushed, best	egoun a wyr	y, litting	9001 9 110	u ceu c pes
Discharge Instructions:	\bigcap			
Final Diagnosis:				
Discharge Date: 9-6-05 1345	ewir	_		
Discharge Date: 7-6-05 1345	Sign	nature Of Attendir	ng Physician:	
MATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hampton, Randell	226420	10-15-83	Blm	BOF
1 amproning	120100	,,,	\cup	~



ADMISSION DATE TIME OS 25 AM	ORIGINATING FACILITY	APEE -	: F,			ALL XÎEME OUTPATIENT	
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VITAL SIGNS: TEMP ORAL RECTAL	RESP. 16		PULSE 6	8/P 1	30,70	RECHECK SYSTOLIC <100>50	(IF)/
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INSTRUCTIONS TO PATIENT							
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Q / la /05 0 850 AM	LEASE / TRANSFERRED		MBULANCE	CONDITION ☐ SATISFAC ☐ FAIR		ARGE ☐ POOR ☐ CRITICAL	
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Hampton, Randell	in a contraction		DOC#	DOB	2 .	R/S	FAC
Hampton, Randell			126420	10-15-	83 B	/m	BCCF



9 / 6 / 2005 1145 AM SIR PDL SEC	
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NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
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A- alteration in comfort R/T	I A A CAT DAD RAAD
PHYSICAL EXAMINATION	() () () () () () () () () () () () () (
P- Return to Hay to be seen by	
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& Phenofact. level. as he stood	advil 800 mg po 1155 al
by the exam table, he suddenly	0 1
Sank to the floor. States his body	
CTsoon.	
a Drown Pal	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE TIME RELEASE / TRANSFERRE	D TO DOC CONDITION ON DISCHARGE D AMBULANCE SATISFACTORY DOOR FAIR CRITICAL
NURSE'S SIGNATURE PHSKIANS SIGNATURE 9/6/05 PHSKIANS SIGNATURE	
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC
Hampton, Kandal	22642010-1583 B/M BCCP



Alteration in comfort related to welling to Advil 800mg 80x1 1840 per	RES			
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ABRASION II CONTUSION II BURN XX FRACTURE Z LACERATION I SUTURE A J have a glace on my behind that hurt unless I c.t a certain way It doesn't have it hinds feels numb - It hard read had when I lay on my back - I first noticed it Saturday - I thought it was about like the one under my (Q) seem in the back of my nech. The one on my behind hest cettin biccer i hav hin was ' Allert, priente ishin with the one on my behind hest cettin biccer i hav hin was ' Allert, priente ishin with the one on my behind hest cettin biccer i hav hin was ' Allert, priente ishin with the one on my behind hest cettin biccer i hav hin was ' Allert, priente ishin with the one on my behind hest cettin biccer i hav hin was ' Allert, priente ishin with the one on my behind hest cettin biccer i have into send can't the common on free is its centry but birysical examination straight. Has 2 swelling & inner upper edgert e) hutback, but in the ot moderately predented the is larger to appraise to be head in hair line. The defined head - Also has head in hair line. No divarage from any of the above areas ORDERS/MEDICATIONS/IV FLUIDS TIME B Alternation in comfert alooked to swellings (P) Acid RODMy (D) XI 1840 1				
hyde unless I it a cortain way It doesn't high it hinds I is to cortain way. It doesn't high it hinds feels numb. It huck real had when I lay on my back. I first noticed it Saturday. I thought it was along, like the one under my (2) sure in the back of my nech. The one on my brhind hept getting bigger is hur ting wase." Allest, verente, shin wie & to buch color normal, respectively and better is sits gently but exist. Examination straight. Has 2 swillings dinner upper edger of the highest hooth interest, maderalely reddenet the is larger i appears to be "hrading" #2 smaller or defined head. Also has healin bump under (2) arms on back of need a hair line. No drawage from sany of the above areas of Adril 800mg (0) x1 1840 are allered in in comput a looked to availing (2) Adril 800mg (0) x1 1840 are				
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	No.			
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DISCHARGE DATE TIME RELEASE / TRANSFERRED TO DOC AMBULANCE SATISFACTORY PM CRITICAL				
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE DATE CONSULTATION				
INMATE NAME (LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.				
Hampton Rondell 226420 vol15/83 B/m Bulloc				



ADMISSION DATE TIME ORIGINATING FACILITY AM PM ORIGINATING FACILITY AM PM		☐ SICK CALL ☐ EMERGENCY		
ALLERGIES NKA	CONDITION ON ADMISSION	HOCK HEMORRHAGE COMA		
VITAL SIGNS: TEMP 9816 ORAL RESP. 2	PULSE B/P_	RECHECK IF		
NATURE OF INJURY OR ILLNESS (Insect)	ABRASION /// CONTUSION # BURN x	X FRACTURE Z LACERATION /		
J + MaUR SMAIL BITE-		x Z SUTURES		
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P-1) areas between grain	16 16	RIGHT OR LEFT		
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3) R/T Ncu tu su				
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S /24 /05 TIME RELEASE / TRANSFERRED	TO DOC CONDITION AMBULANCE SATISFAC	ON DISCHARGE CTORY POOR		
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ADMISSION DATE TIME ORIGINATING FACILITY SIR PDL SIR PDL SIR	PEE O OUTPATIENT
ALLERGIES NKB	CONDITION ON ADMISSION
VITAL SIGNS: TEMP ORAL RESP. JO	PULSE 7 6 B/P 20, 68 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
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DIAGNOSIS	
INSTRUCTIONS TO PATIENT DISCHARGE DATE TIME THE PHISION SIGNATURE NURSE'S SIGNATURE INMATE NAME (LAST, FIRST, MIDDLE) THE PHISION SIGNATURE INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.



Nursing Evaluation Tool:

General Sick Call

Pati	ent Name: Hand Carlot Pirst 10 115 183 MI
	Date of Bitti.
Daf	e of Report: 13 IDD I PS Time Seen: 1620 AM / FINE CITCLE SILE
	Chief Complaint(s): 40 muscle Pain (L) Liq Hil, (M) Stronger
bjecuve.	Onset: CX + E Char
	Onset: CX + E Chow T. Pt STATES Break Laying Down AUDRY, DOL NATS skifnedessary) Mekn Lifting with ALL DBY
Brief Histor	pt STATES PSEEL CAGES TO DAY
(Continue on ba	skif necessary) BLRN Lifting WTS ALCONING
	☐ Check Here if additional notes on back
	Vital Signs: (As Indicated) T: 98.8 P: 18 RR: 68 BIP: 120 184
bjective	on Findings: S & Rom 5 Shelling, 5 gross Ammorganity(s)
	en Findings: 5 LROM 5 Shalling, 5 grolling
(Continue on)	on Findings:
	☐ Check Here if additional notes on back
	Check Here if additional notes on back
 Assessn	gent: (Referral Status) Preliminary Determination(s): PAir r/+ muscle State
Assessn	nent: (Referral Status) Preliminary Determination(s): PAIR r/+ mascle State:
_	nent: (Referral Status) Preliminary Determination(s): Print r/t muscle State: S
_	nent: (Referral Status) Preliminary Determination(s): Print r/t muscle State: Referral NOT REQUIRED Referral PEOURED due to the following: (Check all that apply)
_	nent: (Referral Status) Preliminary Determination(s): Print r/t muscle State: S
Ţ	nent: (Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other:
Ţ	nent: (Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other:
Ţ	nent: (Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the
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Ţ	Referral Status) Preliminary Determination(s): Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given. Check All-That Apply: Check All-That Apply:
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<u>P</u> lan:	Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given. Check All-That Apply: Instructions to return if condition worsens. Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should as well as appropriate follow-up. YES NO (If NO then schedule patient for appropriate follow-up visits)
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SPECIAL NEEDS COMMUNICATION FORM

Date: 7/6/0
To:
From:
Inmate Name: Wamilton Robert ID#: 2/1534
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extra until
5. Other
Comments: Bottom Bunk due to back pain x longuth
No Lefting Talls x 6 months.
1/6/05 >1/6/06 -
Date: 7/6/05 MD Signature:



ADMISSION DATE ADMISSION DATE	APEE O OUTPATIENT
ALLERGIES Naldo	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 98.5 ORAL RECTAL RESP. 20	PULSE
NATURE OF INJURY OR ILLNESS Stated I Lell in the	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
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Suelling. The notes	()
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related to pan !	
P. Marga free for conces	PROFILE RIGHT OR LEFT
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DIAGNOSIS	
INSTRUCTIONS TO PATIENT HETURN Had Ja	Sirmary it SK get morse
DISCHARGE DATE TIME AM PM RELEASE TRANSFERRE	
NURSE'S SIGNATURE DATE PHYSIOTAN'S SIGNATUR	
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Ham How, 7 Jundal	226420 10/15/83 BM BCCF